Posting of Doctors in Rural Areas

218. SHRI BANGARU LAXMAN: Will the PRIME MINISTER be pleased to state:

(a) whether it is a fact that while delivering the presidential address at the 27th Convocation of AIIMS held in April, 1997, the Prime Minister called upon the doctors to serve in rural areas in the country;

(b) if so, whether Government have chalked out any scheme for doctors to serve in the rural areas, before conferring the MBBS degrees throughout the country; and

(c) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) No, Sir.

(b) and (c) No, Sir. Only a Doctor possessing M.B.B.S. degree given in the Schedule to Indian Medical Council Act, 1955 is eligible for enrolment on any State Medical Register for practising medicine in any State as per the provisions of Section 15 of the Indian Medical Council Act, 1956.

Failure of Population Control Policy

219. SHRI PARMESHWAR KUMAR AGARWALLA: will the PRIME MINISTER be pleased to state:

(a) what has been the specific policy of Government with regard to population control;

(b) whether it is a fact that the population control policy has failed, as viewed in terms of annual rate of growth of population;

(c) if so, in what manner Government propose to tackle the problem of ever-rising population; and

(d) what are the specific schemes/programmes in this regard and what has been the annual allocation of funds for each scheme/programme, during the last three years?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) to (d) The Government policy on population is to provide contraceptive services, supplies and information, to enable couples to exercise voluntary and informed choice in regard to contraception and family size. The annual exponential rate of growth of population declined from 2.22% in 1981 Census to 2.14% in 1991 Census. Further, the natural rate of growth of population declined to 1.93% as per the estimates of the Sample Registration System for 1995.

The Annual Plan allocation for the National Family Welfare Programme during the last three years is given below:

(Rs. in Crore)

1995-96(BE)	1996-97(RE)	1997-98(RE)
1342.00	1453.57	1709.85

Grievance Redressal Cell for Medical Treatment

220. MISS SAROJ KHAPARDE: Will the PRIME MINISTER be pleased to state:

(a) whether a grievance redressal cell has been established by Government, to deal with complaints relating to medical treatment;

(b) if so, the details thereof;

(c) the total number of complaints received in this Cell during the last six months and the action taken thereon; and

(d) the steps taken by Government to inform the masses about the existence of such a Cell and how to lodge their complaints therewith?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) to (d) A Grievance Redressal Cell (Health Sector) has been established in the Directorate General of health Services on 25th March, 1997 to deal with complaints relating to medical treatment. This Cell has received 95 complaints relating to negligence in patients care, practice by non practicing doctors, medical practice by non-qualified persons etc. upto June, 1997 which have been forwarded to the concerned authorities for investigation and appropriate action. Establishment of Grievance Redressal Cell was covered by the media. All the State Governments and Union Territory Administrations have also been informed about the establishment of the Cell.

Family Welfare Schemes for Tribal Areas in M.P., Rajasthan and N.E.

221. SHRI PARAG CHALIHA:
SHRI GOVINDRAM MIRI

Will the PRIME MINISTER be pleased to state:

(a) what are the details of schemes/ projects launched by the Ministry of health and Family Welfare for family welfare in the tribal areas of Madhya Pradesh, Rajasthan and North-Eastern Region, during the preceding five years; and

(b) what are the details of the achievements level, the sanctioned funds and the utilization thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) and (b) All schemes under the Family Welfare Programme are also implemented in tribal areas. Norms for establishing Sub-centres and Primary Health Centres are liberal for tribal areas, as compared to plains areas. The liberalised norms are: one Sub-centre for a population of 3000 and one Primary Health Centre for population of 20000 compared to 5000 and 30000 population respectively in plains areas.

The number Sub-centres and Primary Health Centres existing in the tribal areas of Madhya Pradesh, Rajasthan and North Eastern Region as on 30th June, 1996 is given below:—

	No. of Sub-Centres	No. of Primary Health Centres
Madhya Pradesh	4959	633
Rajasthan	934	171
North Eastern Region	1848	302

The grant-in-aid given to the States of Madhya Pradesh Rajasthan and North Eastern Region under the National Family Welfare Programme in 1996-97 is as follows:

	(Rs. lakhs)
Madhya Pradesh	9755.89
Rajasthan	9630.26
North Eastern Region	4843.65

This includes the requirement of tribal areas also.

Better health care under CGHS

222. SHRI GOVINDRAO ADIK: Will the PRIME MINISTER be pleased to state:

(a) whether Government have set up an experts Committee/Task Force to have a realistic assessment of the performance of institutions set up under CGHS, alongwith other medical institutions operating in urban areas, with a view to removing operational deficiences and take suitable steps to upgrade/strengthen/modernise the institutions;

(b) if so, the details of steps taken/ proposed by Government to provide better health care under CGHS;